

**Dr. Vinay Chopra**  
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 Chairman & Consultant Pathologist

**Dr. Yugam Chopra**  
 MD (Pathology)  
 CEO & Consultant Pathologist

<b>NAME</b>	: Mr. RAVINDER KUMAR	<b>PATIENT ID</b>	: 1552854
<b>AGE/ GENDER</b>	: 42 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012407180030
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 18/Jul/2024 11:55 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 18/Jul/2024 11:58AM
<b>BARCODE NO.</b>	: 01513370	<b>REPORTING DATE</b>	: 18/Jul/2024 01:14PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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## CLINICAL CHEMISTRY/BIOCHEMISTRY

### URIC ACID

<b>URIC ACID: SERUM</b>	7.9 <sup>H</sup>	mg/dL	3.60 - 7.70
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by URICASE - OXIDASE PEROXIDASE

#### INTERPRETATION:-

1. GOUT occurs when high levels of Uric Acid in the blood cause crystals to form & accumulate around a joint.  
 2. Uric Acid is the end product of purine metabolism . Uric acid is excreted to a large degree by the kidneys and to a smaller degree in the intestinal tract by microbial degradation.

#### INCREASED:-

##### (A).DUE TO INCREASED PRODUCTION:-

1. Idiopathic primary gout.
2. Excessive dietary purines (organ meats, legumes, anchovies, etc).
3. Cytolytic treatment of malignancies especially leukemias & lymphomas.
4. Polycythemia vera & myeloid metaplasia.
5. Psoriasis.
6. Sick cell anaemia etc.

##### (B).DUE TO DECREASED EXCRETION (BY KIDNEYS)

1. Alcohol ingestion.
2. Thiazide diuretics.
3. Lactic acidosis.
4. Aspirin ingestion (less than 2 grams per day ).
5. Diabetic ketoacidosis or starvation.
6. Renal failure due to any cause etc.

#### DECREASED:-

##### (A).DUE TO DIETARY DEFICIENCY

1. Dietary deficiency of Zinc, Iron and molybdenum.
2. Fanconi syndrome & Wilsons disease.
3. Multiple sclerosis .
4. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion & low purine diet etc.

##### (B).DUE TO INCREASED EXCRETION

1. Drugs:- Probenecid , sulphinpyrazone, aspirin doses (more than 4 grams per day), corticosteroids and ACTH, anti-coagulants and estrogens etc.





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Test Name	Value	Unit	Biological Reference interval
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### CALCIUM

CALCIUM: SERUM	9.23	mg/dL	8.50 - 10.60
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by ARSENAZO III, SPECTROPHOTOMETRY

#### INTERPRETATION:-

1. Serum calcium (total) estimation is used for the diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract.
2. Calcium levels may also reflect abnormal vitamin D or protein levels.
3. The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and <1% is present in the extra-osseous intracellular space or extracellular space (ECS).
4. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

**NOTE:-** Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

#### HYPOCALCEMIA (LOW CALCIUM LEVELS) CAUSES :-

1. Due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis.
2. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH).
3. **NOTE:-** A characteristic symptom of hypocalcemia is latent or manifest tetany and osteomalacia.

#### HYPERCALCEMIA (INCREASE CALCIUM LEVELS) CAUSES:-

1. Increased mobilization of calcium from the skeletal system or increased intestinal absorption.
2. Primary hyperparathyroidism (pHPT)
3. Bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung.

**NOTE:-** Severe hypercalcemia may result in cardiac arrhythmia.

\*\*\* End Of Report \*\*\*



  
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